

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS2175AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/12/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>ROSS SENIOR RESIDENCE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5935 SADDLE AVE WEST LAS VEGAS, NV 89103</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of an complaint investigation initiated on 2/1/10 and completed on 2/12/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for five Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was four. Four resident files were reviewed and three employee files were reviewed. One discharged resident file was reviewed.</p> <p>Complaint #NV00024160 was substantiated. See Tag Y106, Y895 and Y923</p>	Y 000		
Y 103 SS=F	<p>449.200(1)(d) Personnel File - NAC 441A / Tuberculosis</p> <p>NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee.</p> <p>This Regulation is not met as evidenced by:</p>	Y 103		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 103	Continued From page 1  Based on record review on 2/12/10, the facility failed to ensure 2 of 3 employees complied with NAC 441A.375 regarding pre-employment physicals (Employee #2 and #3).  This was a repeat deficiency from the 2/12/10 State Licensure survey.  Severity: 2 Scope: 3	Y 103			
Y 105 SS=F	449.200(1)(f) Personnel File - Background Check  NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive.  This Regulation is not met as evidenced by: Based on record review on 2/12/10, the facility failed to ensure 2 of 3 caregivers met background check requirements (Employee #1 and #2). The file for Employee #1 failed to document evidence the fingerprints were submitted to the repository. The file for Employee #2 failed to contained evidence of a state background check.  This was a repeat deficiency from the 10/14/09 State Licensure survey.  Severity: 2 Scope: 3	Y 105			
Y 106 SS=F	449.200(2)(a) Personnel File - 1st aid & CPR	Y 106			

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Y 885	Continued From page 3  This Regulation is not met as evidenced by: Based on observation and interview on 2/12/10, the facility did not destroy medications after they were discontinued, had expired or after a resident had been transferred.  Severity: 2 Scope: 2	Y 885			
Y 895 SS=C	449.2744(1)(b)(1) Medication / MAR  NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was administered; (3) The date and time that a resident refuses, or otherwise misses, an administration of medication; and (4) Instructions for administering the medication to the resident that reflect the current order or prescription of the resident's physician.  This Regulation is not met as evidenced by: Based on record review on 2/12/10, the facility	Y 895			

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Y 895	Continued From page 4  failed to ensure the medication administration record (MAR) was accurate for 4 of 4 residents (Resident #1, #2, #3 and #4). Based on interviews with Employee #1 and the facility's manager, Employee #3 came to the facility once a day to sign the MAR, Employee #1 was the person giving the medications to the residents.  Severity: 1 Scope: 3	Y 895			
Y 923 SS=F	449.2748(3)(b) Medication Container  NAC 449.2748 3. Medication, including, without limitation, any over-the-counter medication or dietary supplement, must be: (b) Kept in its original container until it is administered.          This Regulation is not met as evidenced by: Based on observation on 12/2/10, the facility failed to keep medications belonging to 4 of 4 residents in their original container (Resident #1, #2, #3 and #4).  Severity: 2 Scope: 3	Y 923			

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